

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **45184**

FILED DEC 23 1957

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **159**

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) Neosho				c. CITY (If outside corporate limits, write RURAL and give township) Litchfield			
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway # 71 South				d. STREET ADDRESS (If rural, give location) 25 Brentwood			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Walter c. (Last) Karrick				4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 19, 1920	
9. AGE (In years last birthday) 37		10. MONTHS 12		11. DAYS 20		12. HOURS 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver				10b. KIND OF BUSINESS OR INDUSTRY United Transport			
11. BIRTHPLACE (City and State or Foreign Country) Raymond Illinois				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Robert Karrick				13b. MOTHER'S MAIDEN NAME Bertha Friend			
14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2				16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Earl E. Chew, St. Louis Mo.				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 4201			
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to 12-14 , 19 57 , that I last saw the deceased alive on _____, 19____, and that death occurred at 8 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Barley Thompson, Jr. M.D.				23b. ADDRESS Neosho, Mo.		23c. DATE SIGNED 12-14-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-14-57		24c. NAME OF CEMETERY OR CREMATORY Bethel Ridge		24d. LOCATION (City, town, or county) (State) Atwater Illinois	
DATE REC'D BY LOCAL REG. 12-16-57		REGISTRAR'S SIGNATURE Melvin C. Bowman M.D.		FUNERAL DIRECTOR'S SIGNATURE Barley Thompson, Jr.		ADDRESS Neosho Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

223
8

RECEIVED

District Health Officer No. Newton

District File Number 1257-303

Date Filed DEC 20 1957

DEC 30 1957

JAN 3 1958

JAN 10 1958

MAY 13 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Barry Thompson Sr.

Licensed Embalmer No. 3259

P. O. Address Neosho Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.